



Stockton Fire Department • Fire Prevention Division  
345 N. El Dorado Street, Stockton, CA 95202  
(209) 937-8271 • Fax (209) 937-8893



## OPERATIONAL FIRE PERMIT APPLICATION

ALL APPLICANTS COMPLETE THIS SECTION

Application Date: \_\_\_\_\_

Describe Type of Business and/or Services: \_\_\_\_\_

Business Name \_\_\_\_\_ Business Owner \_\_\_\_\_

Business Location: CITY ☐ COUNTY ☐ Business License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Address \_\_\_\_\_ Suite \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Phone \_\_\_\_\_

Is this a new business? Yes ☐ No ☐ Date business opened at this location: \_\_\_\_\_

Did business relocate from another location? Yes ☐ No ☐ If yes, please provide address of former location and date vacated: \_\_\_\_\_

*Operational Fire Permits are **not transferable**. Operational Fire Permits are to be renewed annually. If you stop conducting business at this location, you must notify the Stockton Fire Department, Fire Prevention Division. You must notify Fire Prevention of any changes in business ownership, activity, location or name.*

*By signing below I hereby certify that I have read and understand the terms above, and that under penalty of perjury the information provided on this application is true and correct. I also acknowledge that the City of Stockton has adopted the Fire Code, and the amendments thereof and use of the permit(s) being applied for will conform to accepted standards.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

-----For Office Use-----

PERMIT NUMBER	PERMIT TYPE	FEE
TOTAL		

Issued by: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Check # \_\_\_\_\_

Pay Code: XX 048-2631-325.09-00 \$ \_\_\_\_\_ CITY

XX 048-2631-342.23-10 \$ \_\_\_\_\_ COUNTY